## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

APPLICANTIS) FILING DATE

	AS F	ILED	AFT	ER	AF	TER NDMENT	IMS	*				1
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	]						51		1			
2		1					52	1				1
3							53		1			1
4		<u>i</u> .					54		ı			
5							55					
6		1					56		1			
7		1					57		1			
8		1					58		1			
9		ŀ					59		1	1	1	
10		i				-	60		,	1		
11	_	1					61	ı		<b>†</b>		1
12		ı					62		Ī	1		
13							63		<del></del>			1
14		1				1	64		<u> </u>		-	1
15		1				1	65	~	<u> </u>	1		1-
6		,				ļ	66			<b>†</b>		1
17		1	1				67		<u> </u>	† — —		$T^-$
18		1					68		+ +			<del>                                     </del>
19		ı					69			<del>                                     </del>		<del>                                     </del>
20		1					70		-	t		<u> </u>
21							71			<del>                                     </del>		†—
22	,	- '					72			<del> </del>		<del> </del>
23							73		1	<del> </del>		<b></b>
24		1	<del>i</del>							<b> </b>		<del>  -</del>
25					<b></b>		74 75			l		
6										<del>                                     </del>		<del> </del>
7							76					₩
28							77					<b></b>
29							78			ļ		<b>_</b>
30							79			ļ		↓
31							80					<u> </u>
32		- 1					81					1
33					<del></del>		82					ļ
							83		ļ	ļ		-
34							84			ļ		<u> </u>
35		<u>-</u>					85					<b> </b>
36							86					L
37		ł				ļ	87			ļ		<u> </u>
38						<u> </u>	88			<u> </u>	<u> </u>	
39		1					89			]		
10						ļ	90			ļ	L	
11							91					
12							92					
3							93					Ι
14,						i	94					
5							95					
6							96					1
7		!					97					1
8			]				98					<del>                                     </del>
9				]			99			1		1
0							100					1
AL		, I	Ţ	, ]		1	TOTAL	7				
AL		••		ا لم	<del></del>	الحب ا	TOTAL		الما			-
AL							DEP.	<7			<del></del>	L